



Request for Approval of Oversize/ Overweight Movement - Superloads

*Approval Form Only. Applicant MUST
submit Application (DOT Form 560-021)*

All Sections Must Be Completed

Company Name		Contact Person	
Company Address	City	State	Zip
Phone	Fax		

Detailed Description of Non-Reducible Load or Vehicle	
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Proposed Dates of Movement	Origin	Destination
Total Miles	Number of Loads	Estimated Level Surface Speed

Complete Proposed Routes of Travel. (Include beginning and ending mileposts for each highway).

Highways	Beginning MP	Ending MP	Highways	Beginning MP	Ending MP

Overweight: List weights per axle group	
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<input type="checkbox"/> Stinger Steered/Steerable Trailer		<input type="checkbox"/> Manned Steer Trailer		GVW	Report Number
Width	Height	Trailer (Load Length)	Front Overhang	Rear Overhang	Number of Axles
Signature of Person Requesting Approval				Date	

FOR OFFICE USE ONLY	
Date Received and Initials	HQ Approval No.
Special Conditions/Requirements	